

Invoice

Invoice No.

Invoice Date:

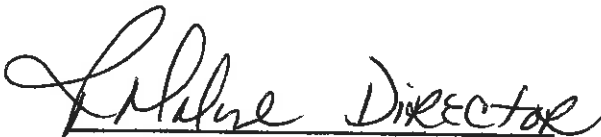
Billing Period		
----------------	--	--


Provider Number:

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
	Respite - In-Home		14	\$56.98	\$0.00	\$56.98
	Personal Care Attendant		336	\$1,468.32	\$0.00	\$1,468.32
			0			\$0.00
	Total Invoice			\$1,525.30	\$0.00	\$1,525.30

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.


Signature Title


Date



I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Invoice

Invoice No.

Invoice Date:


Billing Period		
----------------	--	--

Provider Number:

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
	Homemaker		40	\$817.60	\$0.00	\$817.60
	Personal Care Service		100	\$2,052.00	\$0.00	\$2,052.00
			0			\$0.00
	Total Invoice			\$2,869.60	\$0.00	\$2,869.60

Revised 7/10/08

The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.

 Director
Signature Title

5/14/10
Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Assistant Home Health Care

3155 Hickory Hill Road-Suite 202m
Memphis, TN. 38115

Phone Number (901)746-9799
Fax Number (901) 746-9829

FAX TRANSMITTAL FORM

To: Cinder JONES

From: Rashida Malone

Name:

Date Sent: 5/15/10

CC:

Phone: (901) 324-6333

Number of Pages: 3

Fax: (901) 327-7755

Message:

Invoice

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice No.
9In353hp310
Invoice Date:
04/09/10

Billing Period	03/01/10	03/31/10
----------------	----------	----------

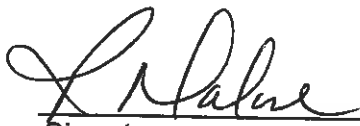
Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115


Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
3	Homemaker	\$20.44	32	\$654.08	\$0.00	\$654.08
4	Personal Care Service	\$20.52	76	\$1,559.52	\$0.00	\$1,559.52
0		\$0.00	0			\$0.00
Total Invoice				\$2,213.60	\$0.00	\$2,213.60

Revised 7/10/08

The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.


Signature


Title


Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice

Invoice No.
9In353ra310
Invoice Date:
04/09/10

Billing Period	03/01/10	03/31/10
----------------	----------	----------


Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
10	Respite - In-Home	\$4.07	0	\$0.00	\$0.00	\$0.00
14	Personal Care Attendant	\$4.37	232	\$1,013.84	\$0.00	\$1,013.84
0		\$0.00	0			\$0.00
Total Invoice				\$1,013.84	\$0.00	\$1,013.84

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.


Signature Title


Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Assistant Home Health Care

3155 Hickory Hill Road-Suite 202m
Memphis, TN. 38115

Phone Number (901)746-9799
Fax Number (901) 746-9829

Web Address
Email: Kendrabasped@yahoo.com

FAX TRANSMITTAL FORM

To: CINDER JONES
Name:
CC:
Phone: (901) 324-6333
Fax: (901) 327-7755

From: Rashalda MARONE
Date Sent: 4/9/10
Number of Pages: 3

MESSAGE:

100562554
508359

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Billing Period	05/01/10	05/31/10
-----------------------	-----------------	-----------------

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
10	Respite - In-Home	\$4.07	0	\$0.00	\$0.00	\$0.00
14	Personal Care Attendant	\$4.37	316	\$1,380.92	\$0.00	\$1,380.92
0		\$0.00	0			\$0.00
Total Invoice				\$1,380.92	\$0.00	\$1,380.92

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which exceeds the Maximum Rate payable by TennCare.

total
4107.04

Signature Title

6/7/ Date

I certify to the best of my knowledge and belief that the data provided is correct and that all services were provided in accordance with the contract and that payment is due.

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice No.
9ln353hp510
Invoice Date:
06/07/10

Billing Period	05/01/10	05/31/10
-----------------------	-----------------	-----------------

Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
3	Homemaker	\$20.44	38	\$776.72	\$0.00	\$776.72
4	Personal Care Service	\$20.52	95	\$1,949.40	\$0.00	\$1,949.40
0		\$0.00	0			\$0.00
Total Invoice				\$2,726.12	\$0.00	\$2,726.12

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.

L. L. Laine Director
Signature Title

6/7/10
Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.



State of Tennessee
Commissioner of Finance and Administration
To the Treasurer of the State of Tennessee

FA-0234 (Rev 07/08)

State of Tennessee Remittance Advice
Payment Made Through Automated Clearing House

ACH Number 0000028293

ASSISTANT HOME HEALTH CARE

Ste 202M
3155 Hickory Hill Rd
Memphis, TN 38115

Account Number XXXXXX4443
Deposit Effective Date 06/25/2010
Total Payment \$4,107.04

Payment Summary

Vendor Number 0000121074

Agency Name	Telephone	Invoice Date	Invoice ID	Voucher Number	Paid Amount
TennCare 101018195	800/852-2683	06/22/2010	101018195	00157211	4,107.04

RUN DATE: 06/23/2010
 RUN TIME: 01:43
 PAGE NO: 2
 RA DATE: 06/25/2010
 TIDHE: 101018195
 REMITTANCE NO: 50,459

LINE	RECIPIENT FROM	ID THRU	RECIPIENT NAME	UNITS	PROC/MOD/R	CONTROL DESCRIPTION	NUMBER	PATIENT BILLED	CNTL	NUMBER ALLOWED	REIMB	M/R NUMBER PAYABLE	OTH-DED	PAYMENT	HICN	STATUS
1	1102047914	05312010	BEACH, CAPITO LA	168	S5125	2010173002887	90000000000074751	734.16		734.16	734.16		0.00	734.16	425529819D	PAID
	THIRD PARTY				0.00	ATTENDANT CARE S CLAIM TOTAL										
1	1102047914	05312010	BEACH, CAPITO LA	18	S5130 U1	2010173002888	900000000000074752	367.92		367.92	367.92	367.92	0.00	367.92	425529819D	PAID
	THIRD PARTY				0.00	HOMAKER SERVICE CLAIM TOTAL										
1	1102047914	05312010	BEACH, CAPITO LA	26	S9122 U2	2010173002889	900000000000074753	533.52		533.52	533.52	533.52	0.00	533.52	425529819D	PAID
	THIRD PARTY				0.00	HOME HEALTH AIDE CLAIM TOTAL										
1	11011366590	05312010	HARRIS, SHIRLEY	132	S5125	2010173002890	900000000000074754	576.84		576.84	576.84	576.84	0.00	576.84	359146645D2	PAID
	THIRD PARTY				0.00	ATTENDANT CARE S CLAIM TOTAL										
1	11011366590	05312010	HARRIS, SHIRLEY	40	S9122 U2	2010173002891	900000000000074755	820.80		820.80	820.80	820.80	0.00	820.80	359146645D2	PAID
	THIRD PARTY				0.00	HOME HEALTH AIDE CLAIM TOTAL										
1	11033740826	05312010	SMITH, ALMA	18	S5130 U1	2010173002892	900000000000074756	367.92		367.92	367.92	367.92	0.00	367.92	4319224667A	PAID
	THIRD PARTY				0.00	HOMAKER SERVICE CLAIM TOTAL										
1	11033740826	05312010	SMITH, ALMA	26	S9122 U2	2010173002893	900000000000074757	533.52		533.52	533.52	533.52	0.00	533.52	4319224667A	PAID
	THIRD PARTY				0.00	HOME HEALTH AIDE CLAIM TOTAL										
1	97005973353	05292010	THOMPSON, BEULAH	16	S5125	2010173002894	900000000000074758	69.92		69.92	69.92	69.92	0.00	69.92	410481922A	PAID
	THIRD PARTY				0.00	ATTENDANT CARE S CLAIM TOTAL										
1	97005973353	05292010	THOMPSON, BEULAH	2	S5130 U1	2010173002895	900000000000074759	40.88		40.88	40.88	40.88	0.00	40.88	410481922A	PAID
	THIRD PARTY				0.00	HOMAKER SERVICE CLAIM TOTAL										
1	97005973353	05292010	THOMPSON, BEULAH	0.00		2010173002896	900000000000074760	61.56		61.56	61.56	61.56	0.00	61.56	410481922A	PAID
	THIRD PARTY				0.00	HOME HEALTH AIDE CLAIM TOTAL										
	ADJUDICATED CLAIMS TOTALS					10	4107.04	4107.04		4107.04	4107.04	4107.04	0.00	4107.04		

ASSISTANT HOME HEALTH CARE
3125 HICKORY HILL
SUITE 202
MEMPHIS TN 38115-9000
PROVIDER NO: H445353
NPI:
REMIT SEQUENCE NUMBER 5
EOB DESCRIPTIONS
6125 DESCRIPTION
HCBS AD-STATEWIDE HOME MAKER EXCEEDED

TENNESSEE REMITTANCE ADVISE
MEDICAL ASSISTANCE PROGRAM
RUN DATE: 06/23/2010
RUN TIME: 01:43
PAGE NO: 5
RA DATE: 06/25/2010
REMITTANCE NO: 10102195
IDHE: 50,460

ASSISTANT HOME HEALTH CARE
SUBS HICKORY HILL
MEMBER NO: 38115-0000
PROVIDER NO: H445353

REMITTANCE ADVISE
TENNESSEE MEDICAL ASSISTANCE PROGRAM

NPI: REMIT SEQUENCE NUMBER 5

RUN DATE: 06/23/2010
PAGE NO: 1
PAGE NO: 06/25/2010
REMITTANCE NO: 101875
IDHE: 50,458

PROVIDER BANNER MESSAGES

"I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable Federal and/or State laws."

At the end of the legislative session, changes were made to the methodologies TennCare uses to make crossover payments on Medicare Part B services delivered on or after July 1, 2009. The TennCare system will have to be re-programmed to accommodate these changes. Until the re-programming has been completed, TennCare will continue to pay using the logic in place on June 30, 2009. Once systems changes have been tested and implemented, we will automatically adjust or reprocess any claims for dates of service on or after July 1, 2009, where there would be a change in the payment amount.

In order to better serve both you and the State of Tennessee, it is vital for us to make payments with an ACH (Automated Clearing House) or direct deposit method similar to a wire transfer. Please complete the ACH form that you may find at <http://www.tennessee.gov/tenncare/RFP-ach.html>. Please send completed forms to the Bureau of TennCare. Please include your NPI or provider number on your form.

Bureau of TennCare
Division of Budget/Finance, 4-East
510 ACH Project Coordinator
510 Great Circle Road
Nashville, TN 37243
Fax: (615) 532-3479

Please Note: Claims will deny for EOB 222 "Recipient name does not match TennCare Number, if the member name and number on your claim does not exactly match the member name and number that TennCare has on file.

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Billing Period	06/01/10	06/30/10
-----------------------	-----------------	-----------------

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
10	Respite - In-Home	\$4.07	218	\$887.26	\$0.00	\$887.26
14	Personal Care Attendant	\$4.37	336	\$1,468.32	\$0.00	\$1,468.32
0		\$0.00	0			\$0.00
Total Invoice				\$2,355.58	\$0.00	\$2,355.58

Revised 7/10/08

The Contractual Adjustment amount represents the amount by which the Maximum Rate exceeds the Maximum Rate payable by TennCare.

7,642 14

5,268.74

LaLabe DIRECTOR
Signature Title

7/15
Date

I certify to the best of my knowledge and belief that the data is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Invoice

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice No.
9ln353hp510
Invoice Date:
06/15/10

Billing Period	06/01/10	06/30/10
----------------	----------	----------

Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
3	Homemaker	\$20.44	95	\$1,941.80	\$0.00	\$1,941.80
4	Personal Care Service	\$20.52	163	\$3,344.76	\$0.00	\$3,344.76
0		\$0.00	0			\$0.00
Total Invoice				\$5,286.56	\$0.00	\$5,286.56

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.



Rashalda Malone

Director

Signature

Title

08/04/10

Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice

Invoice No.
9In353hp110
 Invoice Date:
02/09/10

Billing Period	01/01/10	01/31/10
----------------	----------	----------

Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
3	Homemaker	\$20.44	2	\$40.88	\$0.00	\$40.88
4	Personal Care Service	\$20.52	2	\$41.04	\$0.00	\$41.04
0		\$0.00	0			\$0.00
Total Invoice				\$81.92	\$0.00	\$81.92

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.

Rashalda Malone Director
 Signature Title

02/09/10
 Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Invoice

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice No.
9ln353ra110
Invoice Date:
02/09/10

Billing Period	01/01/10	01/31/10
----------------	----------	----------

Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
10	Respite - In-Home	\$4.07	0	\$0.00	\$0.00	\$0.00
14	Personal Care Attendant	\$4.37	0	\$0.00	\$0.00	\$0.00
0		\$0.00	0			\$0.00
Total Invoice				\$0.00	\$0.00	\$0.00

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.

Rashalda Malone Director
Signature Title

02/09/10
Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Invoice

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice No.
9In353ra110
Invoice Date:
02/09/10

Billing Period	01/01/10	01/31/10
----------------	----------	----------

Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
10	Respite - In-Home	\$4.07	0	\$0.00	\$0.00	\$0.00
14	Personal Care Attendant	\$4.37	0	\$0.00	\$0.00	\$0.00
0		\$0.00	0			\$0.00
Total Invoice				\$0.00	\$0.00	\$0.00

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.



Rashalda Malone

Director

Signature

Title



02/09/10

Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

ASSISTANT HOME HEALTH CARE
3155 HICKORY HILL ROAD
SUITE 202 M
MEMPHIS, TN 38115
(901) 746-9799

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Cinder Jones	Rashalda
COMPANY:	DATE:
Aging Commission	2/9/2010
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
901 327-7755	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
901 324-6333	
RE:	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

[CLICK HERE AND TYPE RETURN ADDRESS]

Invoice

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice No.
9In353hp110
Invoice Date:
02/09/10

Billing Period	01/01/10	01/31/10
----------------	----------	----------

Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
3	Homemaker	\$20.44	2	\$40.88	\$0.00	\$40.88
4	Personal Care Service	\$20.52	2	\$41.04	\$0.00	\$41.04
0		\$0.00	0			\$0.00
Total Invoice				\$81.92	\$0.00	\$81.92

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.



Rashalda Malone

Director

Signature

Title



02/09/10

Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1261
DESTINATION TEL # 3277755
DESTINATION ID
ST. TIME 02/09 16:13
TIME USE 00'23
PAGES SENT 3
RESULT OK

ASSISTANT HOME HEALTH CARE
3155 HICKORY HILL ROAD
SUITE 202 M
MEMPHIS, TN 38115
(901)746-9799

FACSIMILE TRANSMITTAL SHEET

TO:	Cinder Jones	FROM:	Rashalda
COMPANY:	Aging Commission	DATE:	2/9/2010
FAX NUMBER:	901 327-7755	TOTAL NO. OF PAGES INCLUDING COVER:	3
PHONE NUMBER:	901 324-6333	SENDER'S REFERENCE NUMBER:	
RE:		YOUR REFERENCE NUMBER:	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Invoice

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice No.
9In353hp210
Invoice Date:
03/12/10

Billing Period	02/01/10	02/28/10
----------------	----------	----------

Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
3	Homemaker	\$20.44	16	\$327.04	\$0.00	\$327.04
4	Personal Care Service	\$20.52	24	\$492.48	\$0.00	\$492.48
0		\$0.00	0			\$0.00
Total Invoice				<u>\$819.52</u>	<u>\$0.00</u>	<u>\$819.52</u>

Revised 7/10/08

- * The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.

Rashalda Malone Director
Signature Title

03/12/10
Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Invoice

Aging Commission of the Mid-South
2670 Union Ave. Ext., Suite 1000, 10th Floor
Memphis
TN 38112-4416

Invoice No.
9In353ra210
Invoice Date:
03/12/10

Billing Period	02/01/10	02/28/10
----------------	----------	----------

Assistant Home Health Care
3155 Hickory Hill Road Suite 202M
Memphis TN 38115

Provider Number: H445353

<u>Serv Code</u>	<u>Service Provided</u>	<u>UCR Rate</u>	<u>Units</u>	<u>Total UCR</u>	<u>Contractual Adjust *</u>	<u>Payment Amount</u>
10	Respite - In-Home	\$4.07	0	\$0.00	\$0.00	\$0.00
14	Personal Care Attendant	\$4.37	0	\$0.00	\$0.00	\$0.00
0		\$0.00	0			\$0.00
Total Invoice				\$0.00	\$0.00	\$0.00

Revised 7/10/08

* The Contractual Adjustment amount represents the amount by which your Usual & Customary Rate exceeds the Maximum Rate payable by TennCare.

Rashalda Malone Director
Signature Title

03/12/10
Date

I certify to the best of my knowledge and belief that the data presented in this Invoice is correct and that all services were provided in accordance with the contract conditions and that payment is due.

Assistant Home Health Care

3155 Hickory Hill Road-Suite 202m
Memphis, TN. 38115

Phone Number (901) 746-9799

Fax Number (901) 746-9829

Web Address

Email: Kendrabasped@yahoo.com

FAX TRANSMITTAL FORM

3/24/10

To:
Name: CINDER
CC: JONES
Phone:
Fax: (901) 327-7755

From: Rashalda w/
Date Sent: ASSISTANT home health
Number of Pages: CARE
3

Message:

INVOICE



State of Tennessee
Commissioner of Finance and Administration
To the Treasurer of the State of Tennessee

FA-0234 {Rev 07/08}

State of Tennessee Remittance Advice
Payment Made Through Automated Clearing House

ACH Number 0000016596

ASSISTANT HOME HEALTH CARE
Ste 202M
3155 Hickory Hill Rd
Memphis, TN 38115

Account Number XXXXXX4891
Deposit Effective Date 03/05/2010
Total Payment \$81.92

Payment Summary

Vendor Number 0000121074

Agency Name	Telephone	Invoice Date	Invoice ID	Voucher Number	Paid Amount
TennCare 100903499	800/852-2683	03/02/2010	100903499	00090031	81.92

ASSISTANT HOME HEALTH CARE
2025 HACKORY HILL
NASHVILLE, TN 38115-0000
PROVIDER NO: H445353

REMITTANCE ADVISE PROGRAM
TENNESSEE MEDICAL ASSISTANCE
NPI: REMIT SEQUENCE NUMBER 1

RUN DATE: 03/02/2010
PAGE NO: 23:46
RA DATE: 03/05/2010
REMITTANCE NO: 100903499
TDHE: 66,013

PROVIDER BANNER MESSAGES

"I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable Federal and/or State laws."

At the end of the legislative session, changes were made to the methodologies TennCare uses to make crossover payments on Medicare Part B services delivered on or after July 1, 2009. The TennCare system will have to be re-programmed to accommodate these changes. Until the re-programming has been completed, TennCare will continue to pay using the logic in place on June 30, 2009. Once systems changes have been tested and implemented, we will automatically adjust or recross any claims for dates of service on or after July 1, 2009, where there would be a change in the payment amount.

In order to better serve both you and the State of Tennessee, it is vital for us to make payments with an ACH (Automated Clearing House) or direct deposit method similar to a wire transfer. Please complete the ACH form that you may find at <http://www.tennessee.gov/tenncare/pro-ach.html>. Please send completed forms to the Bureau of TennCare. Please include your NPI or provider number on your form.

Bureau of TennCare
Division of Budget/Finance, 4-East
510 ACH Project Coordinator
510 East Chase Road
Nashville, TN 37243
Fax: (615) 532-3479

Please Note: Claims will deny for EOB 222 "Recipient name does not match TennCare Number", if the member name and number on your claim does not exactly match the member name and number that TennCare has on file.

REMITTANCE EFFECTIVE February 1, 2010, all PAEs and PASRs MUST BE SUBMITTED ELECTRONICALLY. For additional information, please reference the memo that was faxed to all long term care and HHS providers on January 8, 2010. If you did not receive a copy of the memo, please contact the Division of Long Term Care, 1-877-224-0219.

RUN DATE: 03/02/2010
RUN TIME: 23:46

RUN DATE: 03/02/2010
 RUN TIME: 23.46
 PAGE NO: 03/05/2010
 RA DATE: 100903499
 REMITTANCE NO: 66,014
 TDHE:

LINE	RECIPIENT FROM	ID THRU	RECIPIENT NAME	UNITS	PROC/MOD/R	DESCRIPTION	CONTROL NUMBER	PATIENT BILLED	CNTL	NUMBER ALLOWED	REIMB	N/R PAYABLE	NUMBER	OTH-DED	PAYMENT	HICN	STATUS
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	2010061005801	900000000000054936	40.88	40.88	40.88	40.88	0.00	40.88	425529819D		PAID
1	11027067914	01252010	BEACH, CAPITOLA	2	55130 U1	HOMAKER SERVICE CLAIM TOTAL	20100610										

ASSISTANT HOME HEALTH CARE
 3155 HICKORY HILL
 SUITE 202 N
 MEMPHIS, TN 38115-0000
 PROVIDER NO: H445353

REMITTANCE ADVISE PROGRAM
 TENNESSEE MEDICAL ASSISTANCE
 NPI: REMIT SEQUENCE NUMBER 1

RUN DATE: 03/02/2010
 RUN TIME: 23:46
 PAGE NO: 3
 RA DATE: 03/05/2010
 REMITTANCE NO: 100903499
 TDHE: 66,015

SUMMARY

CLAIMS PAID
 NET CLAIM ADJUSTMENTS DEBITS
 TOTAL CLAIMS PAYMENTS
 CLAIMS DENIED
 CLAIMS PENDING

CLAIMS DATA			
CURRENT NUMBER	CURRENT AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
2	81.92	2	81.92
0	0.00	0	0.00
2	81.92	2	81.92
0		0	

PAYMENTS: CLAIMS PAYMENTS

SYSTEM PAYMENTS
 ACCOUNTS RECEIVABLE RECOUPMENTS:
 CLAIM SPECIFIC
 NEW A/R'S FROM CURRENT CYCLE
 OUTSTANDING FROM PREVIOUS CYCLES
 NON-CLAIM SPECIFIC RECOUPMENTS

EARNINGS DATA			
NET PAYMENT	81.92		81.92
REFUNDS:			
CLAIM SPECIFIC REFUNDS APPLIED	0.00		0.00
NON CLAIM SPECIFIC REFUNDS APPLIED	0.00		0.00
OTHER FINANCIALS			
MANUAL PAYMENTS	0.00		0.00
CHECK VOIDS	0.00		0.00
NET EARNINGS	81.92		81.92

0000121074/CAT6-001 /1 / H445353 ***** TENNESSEE MEDICAID REIMITTANCE ADVICE *****

TDHE 66,012

H445353
ASSISTANT HOME HEALTH CARE
3155 HICKORY HILL
SUITE 202 N
MEMPHIS, TN 38115-0000